Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

FIA ACTION TRANSMITTAL

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TO: **DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES**
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF

FROM: **ROSEMARY MALONE, EXECUTIVE DIRECTOR, FIA**
DEBBIE RUPPERT, EXECUTIVE DIRECTOR, DHMH/OES

RE: **PROCEDURES FOR PROCESSING REFUGEE AND ASYLEE APPLICANTS**
FOR MEDICAL ASSISTANCE

PROGRAM AFFECTED: MEDICAL ASSISTANCE

ORIGINATING OFFICE: MARYLAND OFFICE FOR REFUGEES & ASYLEES

SUMMARY:

This Action Transmittal (AT) describes procedures for processing Medical Assistance (MA) applications received from newly arrived refugees and asylees. It aligns refugee and asylee MA case management with the procedures for processing MAGI applications and interim changes under the Affordable Care Act. AT 14-18 is the most recent policy update. It explains workaround procedures for processing MAGI MA coverage groups in CARES. The workarounds ensure that case managers test applications for families, single adults and children using the new MAGI rules.

ACTION REQUIRED: Case managers must enroll refugees and asylees in MA using the new Modified Adjusted Gross Income (MAGI) rules rather than Refugee Medical Assistance (RMA) when their income is within the MAGI range. Federal regulations for RMA require states to first test refugee and asylee applicants for MA eligibility in other categories[1] and only test applicants for RMA coverage after they have been determined ineligible in the other MA categories.

Refugees who receive Temporary Cash Assistance (TCA) or Refugee Cash Assistance (RCA) benefits continue to be automatically eligible for MA when processed in CARES. Therefore, they do not need a separate MA determination until they no longer qualify for TCA or RCA.

Reminder: Most refugees and asylees apply at either the Baltimore Resettlement Center or the Suburban Washington Resettlement Center shortly after their arrival in the US, but keep our No Wrong Door policy in mind. Use Language Line or other appropriate interpretation services when refugees or asylees apply at your office and do not have the English skills to complete the application process unassisted.

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[1] In addition to MAGI and RMA, other categories include Aged, Blind and Disabled (ABD) and Long-Term Care.

I. MAGI application procedures

A. **Intake:** When a refugee or asylee applies for MA in person:

1. If the customer is applying for other benefits as well as MA, give the customer <u>both</u> the 9701 DHR Application and the Health Benefit Exchange paper application.
   Note: Do not give the Health Benefit Exchange application to customers applying for Long Term Care, PAA and QMB/SLMB benefits.

2. Use the MHC Application Screening tool (**see Action Transmittal 14-18**) to determine whether the customer is Medicaid eligible or potentially eligible for a Qualified Health Plan (QHP).
   - **The screening tool has been revised to screen for refugee applicants.**

B. **Processing MAGI Applications**

1. When a customer applies for MA on SAIL, bring the application into CARES through the VMEN and process as usual using the appropriate MAGI workarounds.

2. When a customer mails in an MA application or an MHC application, pend the application in CARES and process as usual using the appropriate MAGI workaround. Perform the appropriate clearances (CIS and MMIS) on all MA applications to identify:
   a. The correct IRN (Client IDs) to ensure a correct match in case you need to put the MHC application into the Maryland Health Connection system;
   b. The correct household composition; and
   c. Any applicants already active in a MA category in CARES and/or MMIS.

3. Perform the appropriate clearances (CIS and MMIS) on all MA applications to identify:
   a. The correct IRN (Client ID),
   b. The correct household composition, and
   c. Any applicants who are already active in a MA category in CARES, MHC and/or MMIS.

4. If the result of the screening is "MAGI":
   a. Pend all applications in CARES. Note that MAGI eligible households are not subject to a resource test.
   b. Enter "MH" in the **Special Circumstances** field on the **ADDR** screen to identify cases processed using a workaround.
   c. Use the appropriate MAGI Workaround in AT 14-18 to complete the eligibility determination.

d. The MAGI workaround procedures are posted on the DHR web site under FIA Action Transmittals (FY 2014). The folder with all attachments referred is located at the top of the page. Click on the following link:

http://www.dhr.state.md.us/blog/?page_id=2851

5. <u>If the screening tool indicates RMA eligible</u>, process the application on CARES as RMA.

6. <u>If the screening tool indicates QHP eligible</u>, follow your local office's procedure for "handoff" of the CARES screen prints and the change form to the on-site Navigator. The Navigator will assist the customer in enrolling in a Qualified Health Plan. Your local office procedure should include the following steps:

a. Write on the documents the IRNs (Client IDs) for each household member to ensure a correct match in MHC.

b. Inform the Navigator if anyone included on the case was determined <u>eligible</u> under current Medicaid rules.

7. If the customer is also applying for or receiving another FIA benefit, make the income count towards the specific program (i.e. FSP).

8. When the household receives Food Supplement Program (FSP) benefits, review the FSFI screen to ensure the benefit amount is unchanged. <u>Do not</u> enter medical expenses on the FSME screen unless the customer is elderly or disabled and receiving a disability benefit.

9. **Include in your narration the income counted towards MAGI**.

10. If you use the workaround, but CARES <u>still</u> denies the MA application <u>and </u>the customer is not eligible for RMA, use the 570 Reason code workaround to deny or close the MA AU. You can also use this process when closing MAGI or RMA cases due to over scale income.

11. All existing CARES procedures for processing TCA or RCA applications remain in effect.

12. Use the Accelerated Certification of Eligibility (ACE) procedures to process all applications for pregnant women within 10 days. See AT 12-14 for ACE processing instructions.

13. Case managers must enter the appropriate delay reason code when they process applications beyond the 30th day after the application date. Case managers enter the delay reason code on the Miscellaneous (MISC) screen, delay reason field.

a. Enter "**AD**" if the agency received all items needed in a timely manner but did not make the decision by the 30th day,

b. Enter "**CD**" if the customer or their representative failed to respond or verify items timely, and

c. Enter "**TP**", (third party liability) if the delay was beyond the agency's or customer's control. This code places no fault on the agency or the customer for processing the application beyond the 30-day period.

15. Please see AT 14-18 for additional guidance on processing MAGI applications in CARES.

C. **Narration**

When processing Medicaid applications using a workaround, LDSS staff must remember to include in the narration pertinent information used to make the eligibility determination. Please include the following:

1. Date of application

2. Number of household members

3. All countable household income

4. If a referral was made to a Navigator for MAGI Ineligible customers

D. **Life Events** (also called Interim Changes)

1. Process changes in CARES when a customer reports an interim change on his/her active MA case.
   a. Use the MHC App Screening Tool to determine whether the customer remains eligible for "MAGI," RMA or "QHP."
   b. If the household remains eligible for MAGI, no further action is required.
   c. If the result of the screening is "RMA,"
      i. Go to the CARES AMEN screen and select "Add a Program."
      ii. Select RMA as the new program and use the date the agency discovered the change as the date of application. Process as you would normally, closing the MAGI MA for the Assistance Unit (AU) prior to finalizing the new RMA AU.
   d. If the result of the screening is "QHP," follow your local office's procedure for "handoff" of the CARES screen prints and the change form to the on-site Navigator. The Navigator will assist the customer in enrolling in a Qualified Health Plan. Your local office procedure should include the following steps:
      i. Write on the documents the IRNs (Client ID) for each household member to ensure a correct match with QHP.
      ii. Inform the Navigator if anyone included on the case was determined eligible under current Medicaid rules.

2. The process in #1 described an interim change that moved a customer to a "lower" MA coverage group. Interim changes may also raise customers to a "higher" coverage group.
   a. For example, a refugee customer who is active in MMIS as a Single Adult (the A01 coverage group) reports the addition of a child to his or her household.
   b. Go to the CARES AMEN screen and select "Add a Program."
   c. Select FAC as the new program and use the date the agency discovered the change as the date of application. Process as you would normally, closing the MAGI MA for the AU prior to finalizing the new FAC AU.

3. When an interim change is reported for a Food Supplement, Temporary Cash Assistance, Refugee Cash Assistance or a Child Care Subsidy (CCS) case and the customer does NOT have an active MA case in CARES you must check MMIS to determine if any further action is required:

- Check MMIS. If you find active coverage for any of the household members, follow the steps outlined in #1 or # 2 above, depending on whether income or household size increased or decreased.

<u>INQUIRIES</u>:

1. For questions about MAGI case processing procedures, LDSS staff should contact the Office of Health Care Initiatives and Support Services at FIA.RRT@maryland.gov .

2. For questions about the Food Supplement Program, please contact Stephanie Bartee at stephanie.bartee@maryland.gov or (410) 767-8121. For questions about Temporary Cash Assistance (TCA), please contact Marilyn Lorenzo at marilyn.lorenzo@maryland.gov or (410) 767-7333.

3. For questions about RMA policy or case processing procedures, contact Ann Flagg at the Maryland Office for Refugees and Asylees, 410-767-2346 or ann.flagg@maryland.gov

4. For questions about MA policy, contact the DHMH Division of Eligibility Policy and MCHP at (410) 767-1463 or 1-800-492-5231 (select option 2 and request extension 1463).

c: DHR Executive Staff   DHMH Executive Staff
    FIA Management Staff   DHMH Management Staff
    Constituent Services   DHR Help Desk